

## CONNECTICUT PAYMENT INSTRUMENT/MONEY TRANSMISSION LICENSEE BOND

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### KNOW ALL MEN BY THESE PRESENTS

That we, \_\_\_\_\_, having a  
principal place of business in \_\_\_\_\_  
County of \_\_\_\_\_ State of \_\_\_\_\_,  
as Principal, and \_\_\_\_\_ a surety  
company, having its principal place of business in \_\_\_\_\_  
County of \_\_\_\_\_ State of \_\_\_\_\_,

duly authorized to do business in the state of Connecticut, as Surety, are held and firmly bound unto the  
Banking Commissioner of the State of Connecticut for the use of the people of the State and the  
Commissioner, as Obligees, in the penal sum of ☐ \$300,000 or ☐ \$500,000 or ☐ \$1,000,000 or  
☐ \_\_\_\_\_ as required by the Commissioner based on the above-named Principal's level of  
business and outstanding Connecticut payment instruments (**check the appropriate box**), for the  
payment of which penal sum the Principal and Surety do jointly and severally bind themselves, their  
heirs, executors, administrators, successors and assigns, and each and every of them firmly by these  
presents.

Signed, sealed and delivered this \_\_\_\_\_ day of \_\_\_\_\_ A.D., 20\_\_\_\_.

**THE CONDITION OF THIS OBLIGATION IS SUCH THAT WHEREAS**, the above-named  
Principal has made application or renewal application to the Commissioner for a license to engage in the  
business of issuing Connecticut ☐ money orders ☐ travelers checks ☐ electronic payment instruments  
and/or ☐ engaging in the business of money transmission (**check all appropriate boxes**), pursuant to the  
provisions of Section 36a-598 of the Connecticut General Statutes, as may be amended, and any  
regulations adopted thereunder.

**NOW, THEREFORE**, if the above-named Principal shall faithfully perform the obligations of the  
Principal with respect to the receipt, handling, transmission or payment of money in connection with the  
sale and issuance of payment instruments or transmission of money, then this obligation shall be null and  
void; otherwise to remain in full force and effect.

This bond shall cover claims that arise during the period the above-named Principal's license to  
engage in the business of issuing Connecticut payment instruments or engage in the business of money  
transmission remains in full force and effect and for two years after it has been surrendered, revoked or  
suspended or has expired.

Notwithstanding the above, the Commissioner may proceed on such bond against the above-named  
Principal or Surety, or both, to collect any civil penalty imposed upon the Principal pursuant to subsection  
(a) of Section 36a-50 of the Connecticut General Statutes, as may be amended.

Further, in no event shall the aggregate liability under the bond exceed the penal sum of the bond.

**IN WITNESS WHEREOF**, the said \_\_\_\_\_  
(Principal)

has hereunto set his, her, its hand and seal and the said \_\_\_\_\_  
(Surety)

has caused this instrument to be signed by its \_\_\_\_\_

and its corporate seal to be hereunto affixed, the day and year first written.

**Witness as to Principal**

\_\_\_\_\_ **By:** \_\_\_\_\_ (L S)  
(Principal)

**Witness as to Surety**

\_\_\_\_\_ **By:** \_\_\_\_\_ (L S)  
(Surety)



**State of Connecticut  
Department of Banking**

Consumer Credit Division  
260 Constitution Plaza, Hartford, CT 06103-1800



**AUTHORIZATION TO DISCLOSE DEPOSIT INFORMATION**

This form should be filed only for deposit accounts which are maintained in lieu of any part of the required bond under Section 36a-602 of the Connecticut General Statutes

To: \_\_\_\_\_  
(Name of Financial Institution)

You are directed to disclose to the Connecticut Banking Commissioner or his designee, without notifying me, any information he may request, and to provide him or his designee, without notifying me, with copies of any documents governing, records showing transactions in, copies of instruments drawn on, and other writings he may request relating to the following account:

Account Number: \_\_\_\_\_

Any fee for providing such information and/or copies to the Commissioner or his designee may be charged to this account.

\_\_\_\_\_  
Name of Depositor (Type or Print)

By \_\_\_\_\_  
(Signature of authorized individual)

\_\_\_\_\_  
(Type or print name of person who signed above)

\_\_\_\_\_  
(Title)

This form need not be completed for deposit accounts maintained at financial institutions which are chartered under the laws of the State of Connecticut.